Image# 26960361982 09/14/2006 16:27 PAGE **1** / **9**

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| DEFENDERS OF WILDLIFE ACTION FUND (b) Address (number and street) | | | rganization or Corporation | o,o.aag aaaoa | | |
|--|------------|-------------------------------|--|--------------------------------------|---------------------------|-------------------------------|
| (b) Address (number and street) check if different than previously reported 1130 17TH STREET NW (c) City State and ZIP Code WASHINGTON DC 20036 2. Corporate filers only Is the filer a qualified nonprofit corporation? \(\times \) Yes \(\times \) No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) \(\text{April 15 Quarterly Report} \) \(\text{24-Hour Report} \) \(\text{25-Hour Report} | | | | | | |
| (c) City, State and ZIP Code WASHINGTON DC 20036 2 Corporate fillers only Is the filer a qualified nonprofit corporation? Is the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM M M / O O / Y Y Y Y THROUGH M M / O O / Y Y Y Y TOTAL INDEPENDENT EXPENDITURES. O00 7. TOTAL INDEPENDENT EXPENDITURES. DUE To PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Anne Saer O9/14/2006 | | | | | | |
| WASHINGTON DC 20036 C 20007907 Is the filer a qualified nonprofit corporation? Is the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (chock appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 48-Hour Report 48-Hour Report 348-Hour Report 3 | | | | viously reported | | |
| WASHINGTON C Corporate filers only Is the filer a qualified nonprofit corporation? Yes No | (c) (| City, State and ZIP Co | ode | | | |
| State filer and properties of the filer and properties o | WAS | SHINGTON | DC | 20036 | | |
| Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 348-Hour Report 348-H | 2. Cor | porate filers only | | | | C C90007907 |
| 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24 Hour Report 48 Hour Rep | | | Is the filer a qualified nonprofit corpo | ration? X Yes | □ No | |
| 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 348-Hour Report 348 | Ind | ividual filers only | Name of Employer | | | ccupation |
| (a) April 15 Quarterly Report | | • | Marile of Employer | | Ü | oodpation |
| (a) April 15 Quarterly Report | | | | | | |
| July 15 Quarterly Report Doctober Quarterly Report Danuary 31 Year-End Report | | 4. TYPE OF REF | PORT (check appropriate boxes): | | | |
| October Quarterly Report January 31 Year-End Report | | (a) April 1 | 5 Quarterly Report | 24-Hour Report | ☑ 48-Hour F | Report |
| January 31 Year-End Report | | ☐ July 15 | 5 Quarterly Report | | | |
| January 31 Year-End Report | | ☐ Octobe | er Quarterly Report | | | |
| (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM MM / DD / YYYYY THROUGH MM / DD / YYYYY 6. TOTAL CONTRIBUTIONS | | | | | | |
| 5. COVERING PERIOD: FROM MM / DD / YYYYY THROUGH MM M / DD / YYYYY 6. TOTAL CONTRIBUTIONS | | Januar | y 31 Year-End Report | | | |
| 5. COVERING PERIOD: FROM MM / DD / YYYYY THROUGH MM M / DD / YYYYY 6. TOTAL CONTRIBUTIONS | | | | | | |
| THROUGH 6. TOTAL CONTRIBUTIONS | | (b) Is this Rep | ort an amendment? Yes \(\sime\) No \(\sime\) | K | | |
| 6. TOTAL CONTRIBUTIONS | | 5. COVERING P | ERIOD: FROM M / D D | / Y Y Y | | |
| 6. TOTAL CONTRIBUTIONS | | | THROL | JGH | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | | | M M / D D | / Y Y Y Y | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | | | | | | |
| Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Anne Saer 09/14/2006 | | 6. TOTAL CONT | RIBUTIONS | | | .00 |
| Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Anne Saer 09/14/2006 | | 7. TOTAL INDER | PENDENT EXPENDITURES | | | 28961.12 |
| request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Anne Saer 09/14/2006 | | | | | | |
| request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Anne Saer 09/14/2006 | Under | nalty of parium I partify the | t the independent expanditures reported have in wear | not made with the seeperation or | prior consent of arti- | a constitution with or at the |
| Anne Saer 09/14/2006 | request of | or suggestion of, a candidat | te or a candidate's agent or authorized committee or | a political party committee or its a | gent. In addition, if the | ne independent expenditures |
| | TYPE | OR PRINT NAME OF | PERSON COMPLETING FORM | SIGNATURE | | DATE |
| | | | | | | |
| | Anne | Saer | | | | 09/14/2006 |
| 10.2.2.000.000.00.0000.000.000.000.000.0 | | | on of false, erroneous or incomplete informat | ion may subject the person si | gning this report to | |

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (Rev. 09/2005)

| PAGE 2 / 9 |
|--------------------------|
| FOR LINE 7 FOR FORM 5 |

NAME OF FILER (In Full)

| DEFENDERS | OF WILDI | IFF AC | TION FUND |
|-----------|----------|--------|-----------|

| Full Name (Last, First, Middle Initial) of Payee | | Date |
|---|-----------------------|---|
| | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | 0 9 1 2 2 0 0 6 Amount |
| 555 Peters Ave | | |
| City State | Zip Code | 524.00 |
| Pleasanton CA | 94566 | |
| Purpose of Expenditure | Category/ | Office Sought: X House State: CA |
| Mileage | Type 002 | House Senate District: 11 |
| Name of Federal Candidate Supported or Opposed by Expenditure Richard Pombo | : · | President |
| Richard Pombo | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | Disbursement For: Primary General |
| for Office Sought | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| | | 0 9 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 555 Peters St | | Amount |
| | 7: 0 1 | 332.00 |
| City State Pleasanton CA | Zip Code 94566 | |
| Purpose of Expenditure | | Office Sought: V House |
| Mileage | Category/ Type 002 | Office Sought: X House State: CA House Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure | ** | President District: 11 |
| Richard Pombo | • | Check One: Support X Oppose |
| | | Disbursement For: Primary General |
| Calendar Year-To-Date Per Election for Office Sought | .00 | Other (specify) |
| | | United (Specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| | | 0,9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 631 Western Star Place | | Amount |
| | - | 136.00 |
| City State Danville CA | Zip Code 94526 | |
| Purpose of Expenditure | | Office Sought: Y House CLARK CA |
| Travel/mileage | Category/ Type 002 | State: Ort |
| Name of Federal Candidate Supported or Opposed by Expenditure | | House Senate District: 11 |
| Richard Pombo | ·. | Check One: Support X Oppose |
| | | Disbursement For: Primary General |
| Calendar Year-To-Date Per Election for Office Sought | .00 | |
| Tol Office Sought | | Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 992.00 |
| | | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| (carry total from last page forward to Line 7) | | |
| | | |

| PAGE | 3/9 | |
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| Full Name (Last, First, Middle Initial) of Payee | | | | Date |
|--|---------------------|-------------------|--------------|--|
| | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 81 9th St | | | | 0 9 1 2 2 0 0 6 Amount |
| City San Francisco | State CA | Zip Code 94103 |) | 420.12 |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | Office Sought: X House State: CA House Senate |
| Name of Federal Candidate Supported or Oppo Richard Pombo | sed by Expenditure: | | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | .00 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | | Date |
| Mailing Address | | | | M M / D D / Y Y Y Y Y A Amount |
| 6036 La Salle Ave | • | | | 188.00 |
| City Oakland | State CA | Zip Code 94611 | 9 | |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | Office Sought: X House State: CA House Senate Senate |
| Name of Federal Candidate Supported or Oppo Richard Pombo | sed by Expenditure: | • | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | .00 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | | Date M. M. / D. D. / Y. Y. Y. Y. Y. |
| Mailing Address 2833 Bancroft Steps | | | | 09 12 2006 Amount |
| City Berkley | State CA | Zip Code 94704 |) | 76.00 |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | Office Sought: X House State: CA House Senate District: 11 |
| Name of Federal Candidate Supported or Oppo Richard Pombo | sed by Expenditure: | | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | .00 | Disbursement For: Primary General Other (specify) |
| a) SUBTOTAL of Itemized Independent Expendent | ditures | | | 684.12 |
| b) SUBTOTALof Unitemized Independent Exp | onditures | | | |

| PAGE | 4/9 | |
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| | | |

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

| DEFENDERS | OF WILDI | IFF ACTION | FUND |
|-----------|----------|------------|------|

| Full Name (Last, First, Middle Initial) of Payee | | Date |
|---|---------------------------------------|---|
| | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | 0 9 0 8 2 0 0 6 Amount |
| 555 Peters Ave | | |
| City State | Zip Code | 2676.00 |
| Pleasanton CA | 94566 | |
| Purpose of Expenditure | Category/ | Office Sought: X House State: CA |
| Consultant fee/mileage | Type 001 | House Senate District: 11 |
| Name of Federal Candidate Supported or Opposed by Expenditure | э: | President |
| Richard Pombo | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | Disbursement For: Primary General |
| for Office Sought | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee ATT | | Date |
| ATT | | 0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address P.O. Box 9039 | | Amount |
| | | 499.00 |
| City State San Francisco CA | Zip Code 90483 | |
| Purpose of Expenditure | 30403 | Define County |
| Telephone bill | Category/ Type 001 | Office Sought: X House State: CA |
| · | , , , , , , , , , , , , , , , , , , , | House Senate District: 11 |
| Name of Federal Candidate Supported or Opposed by Expenditure Richard Pombo | 9 : | Check One: Support X Oppose |
| | | |
| Calendar Year-To-Date Per Election | .00 | |
| for Office Sought | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Commonwealth Prining | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | 0 9 1 2 2 0 0 6 Amount |
| 155 Sansome St | | |
| City State | Zip Code | 899.00 |
| San Francisco CA | 94104 | |
| Purpose of Expenditure | Category/ | Office Sought: X House State: CA |
| Banner printing | Турс | House Senate District: 11 |
| Name of Federal Candidate Supported or Opposed by Expenditure Richard Pombo | e: | President |
| nicitato Follipo | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | Disbursement For: Primary General |
| for Office Sought | .00 | Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 4074.00 |
| (a) CODI OTAL OF ROTHECO INDEPENDENT Expenditures | | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | |
| (a) TOTAL Independent Fire and it was | | |
| (c) TOTAL Independent Expenditures | | |
| , , , , , , , , , , , , , , , , , , , | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES NAME OF FILER (In Full)

| PAGE | 5 / 9 | |
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| | | |

| DEFENDERS OF WILDLIFE ACTION FUI | ND | | | |
|--|---------------------|-------------------|----------|---|
| Full Name (Last, First, Middle Initial) of Payee Conference America | | | | Date |
| Mailing Address P.O. Box 241188 | | | | M M / D D / Y Y Y Y Y Y A Y A Y A Amount |
| City Montgomery | State AL | Zip Code | ; | 48.00 |
| Purpose of Expenditure Conference call | | Category/ Type | 001 | Office Sought: X House State: CA House Senate |
| Name of Federal Candidate Supported or Oppo Richard Pombo | sed by Expenditure: | | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | .00 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee Enterprise | | | | Date Date |
| Mailing Address 2550 Monument Blvd | | | | Amount |
| City Chicago | State IL | Zip Code 94520 | 1 | 6242.00 |
| Purpose of Expenditure Van Rental | | Category/ Type | 002 | Office Sought: X House State: CA House Senate State: 11 |
| Name of Federal Candidate Supported or Oppo Richard Pombo | sed by Expenditure: | - | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | .00 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee The Bus Bank | | | | Date M M / D D / Y Y Y Y |
| Mailing Address 200 W Adams St | | | | 0 9 1 2 2 0 0 6 Amount |
| City Chicago | State IL | Zip Code 60606 | 1 | 10955.00 |
| Purpose of Expenditure Bus rental | | Category/ Type | 002 | Office Sought: X House State: CA House Senate State: 11 |
| Name of Federal Candidate Supported or Oppo Richard Pombo | sed by Expenditure: | ! | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | .00 | Disbursement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expendent | ditures | | | 17245.00 |
| (b) SUBTOTALof Unitemized Independent Exp | enditures | | | |
| (c) TOTAL Independent Expenditures(carry total from last page forward to | | | | |

| PAGE 6/9 |
|-----------------------|
| FOR LINE 7 FOR FORM 5 |

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

| Full Name (Last, First, Middle Initial) of Payee | | | | Date |
|---|----------------------|-------------------|-----|---|
| Office Max | | | | M M / D D / Y Y Y Y |
| Mailing Address | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5596 Springdale Ave | | | | Amount |
| 21. | | 7: 0 1 | | 476.00 |
| City | State CA | Zip Code | | |
| Pleasanton | UA | 94566 | | |
| Purpose of Expenditure | | Category/ | 004 | Office Sought: X House State: CA |
| office supplies | | Туре | 001 | House Senate District: _11 |
| Name of Federal Candidate Supported or Opp | osed by Expenditure: | • | | President District: |
| Richard Pombo | | | | Check One: Support X Oppose |
| | | | | Disbursement For: Primary General |
| Calendar Year-To-Date Per Election | | | .00 | |
| for Office Sought | L | | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | | Date |
| Office Depot | | | | M M / D D / Y Y Y Y |
| Mailing Address | | | | 09 / 01 / 2006 |
| 2440 dublin court | | | | Amount |
| | 21.1 | 7: 0 1 | | 1411.00 |
| City Dublin | State CA | Zip Code 94568 | | |
| | UA | 94300 | | |
| Purpose of Expenditure | | Category/ | 000 | Office Sought: X House State: CA |
| Office Supplies | | Туре | 006 | House Senate District: 11 |
| Name of Federal Candidate Supported or Opp | osed by Expenditure: | • | | President District: |
| Richard Pombo | | | | Check One: Support X Oppose |
| | | | | Disbursement For: Primary General |
| Calendar Year-To-Date Per Election | | | .00 | |
| for Office Sought | L | | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | , | Date |
| County of Santa Clara | | | | |
| Mailing Address | | | | MO 8 / D 3 D / Y Y Y O O 6 Y |
| 1555 Berger Dr | | | | Amount |
| | | | | 270.00 |
| City | State | Zip Code | | |
| San Jose | CA | 95112 | | |
| Purpose of Expenditure | | Category/ | 000 | Office Sought: X House State: CA |
| Precinct maps | | Туре | 006 | House Senate |
| Name of Federal Candidate Supported or Opp | osed by Expenditure: | • | | President District: 11 |
| Richard Pombo | • | | | Check One: Support X Oppose |
| | | | | |
| Calendar Year-To-Date Per Election | | | 00 | |
| for Office Sought | L | | .00 | Other (specify) |
| | | | ' | |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expe | nditures | | | 2157.00 |
| (a) SUBTOTAL of Itemized Independent Expe | nditures | | | 2157.00 |
| (a) SUBTOTAL of Itemized Independent Expe(b) SUBTOTAL of Unitemized Independent Ex | | | | |
| | | | | |
| (b) SUBTOTALof Unitemized Independent Ex (c) TOTAL Independent Expenditures | penditures | | | |
| (b) SUBTOTALof Unitemized Independent Ex | penditures | | | |

| PAGE 7/9 | |
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|-----------------|--|

| NAME OF FILER (In Full) DEFENDERS OF WILDLIFE ACTION FUND | |
|--|--|
| | |
| Full Name (Last, First, Middle Initial) of Payee Kinko's | Date M M / D D / Y Y Y Y |
| Mailing Address 6070 Johnson Dr | Amount P 0 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State Zip Code Pleasanton CA 94588 | 392.00 |
| Purpose of Expenditure Copying Category/ Type 006 | Office Sought: X House State: CA House Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: Richard Pombo | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought .00 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date M M / D D / Y Y Y Y |
| Mailing Address 1130 17th St | 0 9 0 1 2 0 0 6 Amount |
| CityStateZip CodeWashingtonDC20036 | 1776.00 |
| Purpose of Expenditure Salary Category/ Type 001 | Office Sought: X House State: CA House Senate District: 11 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Richard Pombo | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought .00 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date M M / D D / Y Y Y Y |
| Mailing Address 1130 17th St | Mo M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State Zip Code Washington DC 20036 | 954.00 |
| Purpose of Expenditure Salary Category/ Type 001 | Office Sought: X House State: CA House Senate Service 11 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Richard Pombo | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought .00 | Disbursement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 3122.00 |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

| Full Name (Last, First, Middle Initial) of Payee | | | | Date |
|--|--------------|-----------|-----|---|
| Arrowhead | | | | M M / D D / Y Y Y Y O D D / Y 2006 |
| Mailing Address | | | | |
| P.O. Box 856158 | | | | Amount |
| City | State | Zip Code | | 227.00 |
| Louisville | KY | 40285 | | |
| Purpose of Expenditure | | Category/ | | Office Sought: X House State: CA |
| Drinking water for office | | Туре | 001 | House Senate District: 11 |
| Name of Federal Candidate Supported or Opposed by | Expenditure: | • | | President President |
| Richard Pombo | | | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | | | Disbursement For: Primary General |
| for Office Sought | | | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | | Date |
| Tri Valley Locksmith | | | | |
| Mailing Address | | | | 09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 1882 Cortez Ct | | | | Amount |
| City | State | Zip Code | | 200.00 |
| Pleasanton | CA | 94566 | | |
| Purpose of Expenditure | | Category/ | | Office Sought: X House State: CA |
| Repair office door lock | | Туре | 001 | House |
| Name of Federal Candidate Supported or Opposed by | Expenditure: | ! | | President District: 11 |
| Richard Pombo | | | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | | | Disbursement For: Primary General |
| for Office Sought | | | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | | Date |
| La Villa Mexicana Restaruant | | | | |
| Mailing Address | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| 57 E 11th St | | | | Amount |
| City | State | Zip Code | | 41.00 |
| Tracy | CA | 95376 | | |
| Purpose of Expenditure | | Category/ | | Office Sought: X House State: CA |
| Lunch Meeting | | Туре | 001 | House |
| Name of Federal Candidate Supported or Opposed by | Expenditure: | • | | President District: 11 |
| Richard Pombo | | | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | | | Disbursement For: Primary General |
| for Office Sought | | | .00 | Other (specify) |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 468.00 |
| | | | | |
| (b) SUBTOTALof Unitemized Independent Expenditure | es | | | |
| (a) TOTAL Indopendent Expenditures | | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7 | | | | |
| | | | | |

| PAGE | 9 | / | 9 |
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| NAME OF FILER (In Full) DEFENDERS OF WILDLIFE ACTION FUND | |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee WalMart | Date M M |
| Mailing Address 4501 Rosewood Dr | 0.9 1.2 2.006 Amount |
| City State Zip Code Pleasanton CA 94588 | 37.00 |
| Purpose of Expenditure Office supplies Category/ Type 001 | Office Sought: X House State: CA House Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: Richard Pombo | Check One: Support District: 11 X Oppose |
| Calendar Year-To-Date Per Election for Office Sought .00 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee Staples | Date |
| Mailing Address 2710 Crow Canyon Rd | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State Zip Code San Ramon CA 94583 | 182.00 |
| Purpose of Expenditure Office Supplies Category/ Type 001 | Office Sought: X House State: CA House Senate Senate District 11 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Richard Pombo | Check One: Support X Oppose Check One: Check One: Oppose Check One: Oppose O |
| Calendar Year-To-Date Per Election for Office Sought .00 | Disbursement For: Primary General Other (specify) |
| | |
| | |
| | |
| | |
| | |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 219.00 |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 28961.12 |